

The last paper is by Dr. Jewell on Athetosis, in which he attempts to trace the symptoms of his case to their cause. Such a study is quite fascinating and in fact very useful in guiding us in what direction to continue the research. But as long as the so-called functional disorders have not found their true explanation in autopsies, and since they cannot be satisfactorily reproduced in animals, all attempts at their pathogeny must necessarily suffer from great uncertainty. In terminating Dr. Jewell proposes to identify athetosis with post-hemiplegic chorea; as compared with ordinary chorea, the prognosis in athetosis is decidedly more grave.

If, in presenting these brief abstracts, we have rather neglected the purely clinical papers, it is not from any want of appreciation. Reports of cases, the essential features of which are stated in concise terms as they should be, bear no further condensation without loss of interest.

The American Neurological Association has during these three years of its existence, lived up to the project of its founders both in the work it has accomplished and in the impulse it has given.

H. G

III.—THE INTERNATIONAL MEDICAL CONGRESS.

TRANSACTIONS OF THE INTERNATIONAL MEDICAL CONGRESS OF PHILADELPHIA, 1876. Edited for the Congress by John Ashhurst, Jr., A. M., M. D. Philadelphia: Printed for the Congress, 1877. 1,153 pages.

I. The "Transactions" of the first International Medical Congress held on American soil lie before us, and we have every reason to be proud, not only of the encomiums awarded to American medical science by the distinguished foreign delegates in their papers and addresses, but also of the valuable work done in the various sections. Many of the addresses, especially those by Woodward and Chaille, were excellent *resumés* of the work done in certain fields on this side of the Atlantic, and the sections on Biology, and many of the special branches, report considerable progress. It is to be regretted that, as will be more fully shown when we come to review that field, the only section whose work falls more especially within the scope of this Review, than which no other deals with a higher, nobler, or more suggestive subject, that on Mental Diseases, should not only not have reached mediocrity, but absolutely fallen far below par.

It is daily becoming more and more apparent that the immense amount of clinical and pathological material accumulated, and

accumulating in our insane asylums, is literally allowed to run to waste, and that such clinical and pathological contributions as are made by those in charge of these institutions, with few exceptions, are either abstracted surreptitiously from European journals, or, if *quasi* original, are still more worthless. Unless a thorough and wide-spread reform be carried out in asylum management and asylum appointments, unless every scientific requirement be complied with in instituting this reform, paying due attention not merely to the farm stock, the engine-house, the gas works and the water supply of the asylum building, but also to proper mental and physical hygiene and the therapeutics, etiology, forensic bearing, clinical history and pathology of insanity, we fear that that branch of medicine, psychiatry, will remain what it is, one of the disgraces of American medicine!

In saying this, we do not place ourselves upon any administrative dogmatic basis, being equally opposed, for example, to the non-use as to the unquestionable existing abuse of "restraint," but would take higher ground that asylums are not to be considered as mere boarding houses for the insane, nor should their medical officers degenerate to wardens or keepers, as is the case with at least one of the New York municipal hospitals for the insane within our knowledge. We insist that the whole community, and more especially the outside medical profession, have a right to demand that those who occupy such responsible positions should be capable men, able to furnish their quota to social and scientific progress. When we reflect that some of our larger State and municipal institutions have opportunities for making nearly a hundred autopsies annually of subjects, many of whom present otherwise rare anomalies of the encephalon and spinal medulla, we hardly know whether to become ironical or indignant, especially when we recollect the fact that some legislatures, more munificently than wisely liberal, have devoted considerable sums of money to pathological laboratories in insane asylums, at an expenditure of thousands of dollars, without a single valuable result.

These facts would lead to a very unfavorable conclusion as to the mental status of asylum superintendents, were it not for the fact that we are aware that the deliberations of their Association are controlled by a factious minority. And furthermore, we are inclined to hope that a number of the members of that association themselves will be willing to assist in any true reform. Has not one of the profoundest clinical observers, Pliny Earle, himself a medical superintendent, given those of his colleagues inclined to clamorous pretensions, the grandest rebuke that could be given? We sincerely trust to be able to record similar able and truthful exposés in the future. They foreshadow the beginning of the end of the close corporation sway in asylum matters.

Before proceeding to review the papers read before Section X., we will notice the two addresses published in the first part of

the volume, whose titles indicate a relation to the subject of insanity.

Address on Medical Jurisprudence with Notes and a Bibliographical Index.—By Stanford C. Chaille, A. M., M. D.—This is an excellent description of the rise and progress of Medical Jurisprudence, not only in the United States, but also in the Old World. It deals very impartially and objectively with the defects in our manner of conducting medico-legal cases, and deservedly criticises the character of the expert testimony often accepted in our courts. On the whole, the author, styling Germany the mother of medico-legal science, recommends the systems there adopted. We can point to Austria as having followed Germany's examples, and to France, whose leading experts are anxiously endeavoring to introduce the same system. The most significant fact to which the author calls attention is, that of forty-six medical schools in this country, twenty-one do not even profess to teach the subject, and that of those which do, only fourteen have chairs especially devoted to it, of which number five have this chair filled by *lawyers intending to teach to medical students a medical subject*. We would heartily endorse the statement that "to require all graduates in medicine to be competent experts as well as practitioners, has long been, and is daily becoming, more impracticable," and that it reveals a complete misapprehension of the scope of forensic medicine, on the part of those who expect it.

The literature appended to this paper does not profess to be complete, but the most important treatises are enumerated, however, we notice the omission of the valuable monographs of Maschka and Skrzeczka.

Address on Mental Hygiene.—By John P. Gray, M. D., Medical Superintendent of the Utica Asylum.—This rather general paper hardly comes within the scope of this review, as it is conspicuous for dealing with almost every sublunary subject, other than the one indicated in the title; with the exception of an extensive quotation from Maudsley, it would be difficult indeed, to find anything especially bearing on mental hygiene in this address, unless it be the religious question, which Dr. Gray has somewhat forcibly dragged into the discussion.

Altogether, the author seems to have written more for entertainment than for instruction, and to accomplish his object has mustered up all his historical and ethnological erudition. To those who are familiar with the mistakes made by Dr. Gray in the field of pathology, it will not appear surprising that a few trifling errors should have crept into his historical statements. Thus the ancient races are said to have had no regard for sanitary science or individual comfort! The leader of the German army is termed "*Frederick Wilhelm!*" Thomas Jefferson, whose religious opinions were on a level with those of Thomas Paine, is styled one of the eminently religious forefathers of our

Republic! Finally, William Penn is held up as the root from which all our feeble virtues have sprung! A casual glance at Macaulay would have convinced Dr. Gray that Penn, justly despised by his co-religionists, bribed by the most contemptible of the bad race of the Stuarts, and a passionate lover of public executions and other revolting spectacles, (Macaulay, History of England), was a very improper example to select, as illustrating the influence of religion on the mind. We failed, although living at the time, to feel that thrill of horror experienced by "millions of Protestants" when Monsignore Darboy was executed. Whatever feeling was manifested on that occasion, was sympathy for a human being, killed by order of an irregular tribunal, for no specified crime, and we do not doubt that had Thiers, Gambetta or Victor Hugo, been in the position of the Archbishop, our regret would have taken a much stronger form, that of indignation. There are numerous ill-founded conclusions in the paper which time forbids us to detail, but we would call attention to one passage, which shows how apt a disciple of Thomas Gradgrind and Bradley Headstone Dr. Gray might become: "The power of attention in the majority of children in any community is not much aroused in ordinary life, and they often look *stupid and dull* on this account. These children enter school, and their attention to a few simple exercises in common awakens the power of attention, and soon, at the *tap of a rule, the sound of a musical note*, or the word of the teacher, the whole school responds." In the above the italics are our own, further inference we leave to the reader.

PAPERS READ BEFORE SECTION TEN.

The Section on Mental Diseases was established by the American Medical Association, with the intention of bringing those engaged in the treatment of mental affections into closer communion with the general body of the profession. It was intended that by this means, not only the general body of the profession might profit, by new and original work done in this section, especially in the clinical and pathological departments, but that the medical superintendents themselves might lose the exclusiveness so characteristic of that distinguished body, and give their assistants an opportunity for presenting their share of the work. The latter has not been done, and such outsiders as venture within the precincts of this section are either ignored or their contributions are suppressed, for fear that a leaven of originality, foreign to the character of their meeting, might be introduced, or in order to conceal the fact that in the pathology of insanity better work is done outside of asylums than in them.

While in every other department of medical science the International Medical Congress called forth valuable and original work, it failed, in the instance of this section, to produce much more than the average amount of crude pathology and adminis-

trative generalities, for which this section has been always conspicuous. The building of water closets, laying of drain pipes, construction of patent settees and cribs, are no doubt very important items to an administrative medical officer, but we would suggest that the proper place for the discussion of such topics is the annual meeting of the Asylum Association, and that the work of the section before us is justly expected to be of a higher and more scientific character.

The first paper is

The microscopic study of the brain. By Walter Kempster, M. D., Medical Superintendent of the Oshkosh asylum. In reading this paper, we hardly know whether to be most surprised at the author's misinterpretations of normal appearances, at his painstaking description of artificial "lesions," or at the confident manner with which he ignores some of the fundamental facts of anatomy. It is not surprising that the author should be able to find lesions in every case of insanity, when he considers granules on the vascular adventitia, which are found in *every sane brain*, as the change producing insanity in most of his cases. As illustrating into what grave errors one ignorant of the normal anatomy of the brain may fall, we refer to page 1092, where the writer is struck by the fact that "pathologically enlarged nerve cells" occur only in the parietal lobe; this fact is to be explained by the occurrence, at just this locality exclusively, of the "normal gigantic pyramidal nerve cell," (Meynert, Major) which Dr. Kempster accordingly finds to be characteristic of insanity, although his brain is as well provided with these bodies, we hope, as every normal brain should be. The columns of Türck appear, in the author's opinion, to occur diffusely throughout the "cerebral tissue." We always considered these to be spinal columns, and the error may be explained by supposing the author to have confounded the "columns of Türck" with the "secondary degenerations of Türck" (p. 1095). He also is ignorant of the existence of the normal pericellular spaces, for he describes them as characteristic of melancholia, on page 1094.

In so far as his descriptions apply to actual pathological changes, we find a marked contrast between his and our own conclusions. He attributes active inflammatory and degenerative changes to dementia, both acute and chronic, while in acute mania and progressive paresis he finds rather passive conditions. We, on the contrary, have found, and are borne out in our conclusions by Lockhart Clarke, Meynert, Magnan, Schüle, Lubimoff and Sankey, with a host of others, that active and florid clinical conditions are marked by active and furibund pathological processes. Thus, hyperæmia and incipient stasis is found in acute mania, intense inflammatory disturbance in paresis, while in acute dementia, properly so called, we have found no lesion whatever; as to terminal dementia, the changes bearing a relation to the symptoms are the residua of long past chronic

or acute affections. From this marked contrast between our respective results, only one conclusion can be drawn; namely, that Dr. Kempster has failed to diagnosticate his cases correctly *intra vitam*, and this, our impression, is strengthened on looking at his asylum report, where we find but two cases of progressive paresis recognized out of over five hundred patients. The intense changes found in his dementia cases would thus be explained; they were doubtless unrecognized cases of paresis, in which the element of dementia predominated.

His ideas on the normal and abnormal cerebral circulation are so confusedly expressed, that we must confess to not seeing our way clearly. One change described is particularly enigmatical; it is said to increase "till the vessel looks like a mass of granular material, through which its outline can sometimes be dimly traced." (p. 1087). And here is a nut for the logician to crack: "I have not found the tortuous vessels in the brains of the lower animals, nor in the cerebral tissue of those who have died sane, except in the brain of a man executed for murder, and who had been insane some years before." (p. 1085). We mentally ask ourselves the question, if tortuosity of the vessels is only found with insanity, was not the man insane at the time of his execution, and was Dr. Kempster the expert who pronounced this man sane?

It is to be regretted that the author has not read the later essays of Obersteiner, (*Med. Jahrbucher*, 77-76, and *Wiener Med. Zeitung*, 76) where nearly all of Kempster's vascular changes are described as occurring in over one hundred and fifty brains of sane persons. He has also mistaken the changes of senility for those of chronic mania; we have in the purest form of chronic mania, (*primare Verrucktheit, folie raissonante*) found no pathological, but rather teratological changes; asymmetry of the brain, heterotopia of the gray substance, congenital defects in the claustrum, etc., (W. and S. Tuke Prize Essay). We cannot in these limits notice a greater part of the paper which is devoted to the consideration of normal anatomical conditions, with which every graduate in medicine is supposed to be acquainted, but for a brief consideration of which the author seems to have been justified by the subsequent discussion, in which his audience showed that to them these matters were new. (P. 1,096).

Lack of perspicuity is a prominent fault of the paper. "Some large masses were found in the cortex," in acute mania, (p. 1,093) their nature being left to the reader to guess. As to the round masses described by the author in connection with nearly every form of insanity, we regret to inform him that these are apt to occur in decomposition of the cerebral tissues, and that by the use of absolute alcohol, leucin and cerebrin are precipitated in the neuroglia in spheroidal sub-crystalline bodies. But for this grave error of finding these bodies (which can be produced in the brains of the lower animals) to be characteristic of

insanity, the author has the excuse of a precedent. Gray, in his monograph on the "Pathology of Insanity," has printed photographs of such artificial precipitates, regarding which Westphal (*Virchow-Hirsch's Jahresbericht*, 1874) justly remarks, that they bear no relation to insanity, nor could he find anything in them, that they were intended to show. A statement we heartily endorse. Still, these results appeared sufficiently important to Dr. Kempster to republish them with hardly any modification, even of his language, in the Wisconsin State Medical Society's Transactions, with this difference, that in the Philadelphia paper he states that he has made one hundred and fifteen autopsies; in the Wisconsin paper this number has increased to "over two hundred," so that in the interval the doctor has had an autopsy almost daily. We envy him this material, we regret the paucity and erroneous nature of his results, and we would venture to suggest, that one case, properly interpreted, is worth more than two hundred, examined at random. Nowhere in the paper is there the slightest attempt at drawing a parallelism between the lesions and the symptoms of insanity, and where, as in the case of hallucinations, he would attribute these symptoms to destruction of nerve cells and fibres, he is unphysiological. Hallucinations imply an *anatomically intact* receptive mechanism, whose function is *temporarily perverted*! In concluding, the author congratulates himself on having begun his investigation when but little was known about the subject, that is about ten years ago; this is excusable in one to whom the European literature of the last ten years, does not seem to have been accessible. We would inform the writer that ten years ago (1867) appeared the excellent "Studien über das Pathologisch-Anatomische Material der Wiener Landenirrenanstalt," by Meynert, embodying the results of labors begun before Dr. Kempster could possibly have even thought of commencing similar work. The author asserts that he has latterly become an advocate of the strictly somatic origin of insanity, thus virtually excluding the possible operation of all other causes. In this we perceive the influence of that coarser materialism to which the Utica school, of which the author before us is a pupil, has recently been converted.

One strikingly original observation in the paper, and with this we shall close our review, (which has grown lengthy, merely because the JOURNAL deems it its duty to thoroughly expose, once and for all, claims which are without foundation, and theories which have no basis) is that *stellate crystalline bodies with a nucleus and long processes*, occur in the insane brain. The author doubtless intended thus to describe the well-known "*Spinnen-zellen*" or "*Soft-zellen*" of Boll and Jastrowitz. If these are crystalline, then adieu to all our pathological and physiological traditions.

The Responsibility of the Insane for Their Criminal Acts. By Isaac Ray, M. D., Philadelphia. The Nestor of American forensic alienists has here enunciated those views with which most interested in the subject are familiar. We consequently forbear discussing them here, especially as an abstract of the author's views appeared in the last number of the JOURNAL. We see that Dr. Ray insists upon the possible separate existence of moral insanity, and that the attempt by Dr. Gray to sneer this down failed.

The Simulation of Insanity by the Insane. By C. H. Hughes, M. D. This is the only clinical contribution made in the section, and we congratulate the author upon having called attention to a much neglected subject, and one which, as the writer states, is of great forensic interest. Ignorance of the possible simulation of insanity by the insane, might lead the expert rashly to infer, on discovering such simulation, that the suspected individual must be sane! We have seen a far more marked case than the one detailed by Dr. Hughes of a criminal lunatic, with all the signs of degeneration enumerated by Ford, who feigned religious insanity. Pelman, in the "*Irrenfreund*, 1874, No. X.," first distinctly describes the simulation of insanity by the insane, and some of his cases resemble the case given by the author.

On the Best Mode of Providing for the Subjects of Chronic Insanity. By Charles F. Nichols, M. D., Superintendent of the Government Hospital for the Insane. The paper itself deals with purely administrative points, and we wish to call attention to one single matter alone, which was brought up in the discussion. The opinion was expressed, and apparently generally assented to, that it would be advantageous to provide separate asylums for the separate sexes, under different superintendents. Nothing could illustrate more fully the principles by which the members of this section are governed, than this point. A medical superintendent, who recognizes the fact that no alienist is a perfect alienist until he has studied insanity in both sexes, who is aware that their etiology, clinical history, and treatment of mental complaints, offer certain points of comparison and contrast, and who would wish to perfect himself in his clinical knowledge, could never assent to such a procedure.

And how is clinical instruction to be carried on, if the teacher derives his material from one single sex? Apparently the scientific element of insanity does not enter into the calculations of most medical superintendents.

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